B6A (Official Form 6A) (12/07)

In re James J. Bordonaro

Case No. <u>14-70190</u> (if known)

AMENDED 10/24/2014 SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
One Family House 1705 N. Gardiner Drive, Bay Shore, New York 11706	Fee owner	Н	\$164,000.00	\$150,175.14
One Family House 1707 North Gardiner Drive, Bay Shore, New York 11706	Fee Owner	T	\$165,000.00	\$218,616.19
		TP /		

Total:

\$329,000.00

B6D (Official Form 6D) (12/07) In re James J. Bordonaro

Case No.	14-70190		
	,	(if known)	

AMENDED 10/24/2014 SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxx520 FIDO'S FENCES, INC. C/O JENNIFER L. CODEN 600 OLD COUNTRY ROAD SUITE 505 GARDEN CITY, NEW YORK 11530		C	DATE INCURRED: 10/2012 NATURE OF LIEN: Judgment COLLATERAL: One Family House REMARKS:				\$150,175.14	-
			VALUE: \$164,000.00 DATE INCURRED: 5/2003	_				
ACCT#: xxxxxx1576 NATIONSTAR MORTGAGE 350 HIGHLAND DRIVE LEWISVILLE, TX 75067	***************************************	С	MATURE OF LIEN: MORTGAGE COLLATERAL: One Family House REMARKS:			THE THE PROPERTY OF THE PROPER	\$218,616.19	\$53,616.19
			VALUE: \$165,000.00	_		_		
		THE PROPERTY OF THE PROPERTY O		***************************************		The state of the s		

		<u></u>	Subtotal (Total of this F	-	-	ļ	\$368,791.33	\$53,616.19
			Total (Use only on last p	ag	e) >		\$368,791.33	\$53,616.19

No ____continuation sheets attached

(Report also on Summary of Schedules.)

report also on Statistical Summary of Certain Liabilities and Related Data.)

(If applicable,

B6F (Official Form 6F) (12/07) In re James J. Bordonaro

Case No.	14-70190	
	(if known)	

AMENDED 10/24/2014 SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		С	DATE INCURRED: 8/2013 CONSIDERATION: UTILITIES REMARKS:				\$880.00
ACCT#: XXXXXXXXXXXX2490 BAC/FLEET-BKCARD 200 TOURNAMENT DRIVE HORSHAM, PA 19044		C	DATE INCURRED: 3/02-10/03 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXXXX5937 BANK OF AMERICA 4060 OGLETOWN/STANTON TD NEWARK, DE 19713		С	DATE INCURRED: 9/9/93-7/17/08 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXXXXXX1670 BANK OF AMERICA 4060 OGLETOWN/STANTON TD NEWARK, DE 19713		C	DATE INCURRED: 2/25/08-7/17/08 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT #: XXXXXXXXXXXXXXX3529 BANK OF AMERICA 4060 OGLETOWN/STANTON TD NEWARK, DE 19713		С	DATE INCURRED: 7/28/94-10/13/04 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: xxxx3041 BANK OF AMERICA/NA 4161 PIEDMONT PARKWAY GREENSBORO, NC 27410		С	DATE INCURRED: 5/27/03-8/31/11 CONSIDERATION: Real Estate Mortgage REMARKS:				\$0.00
5continuation sheets attached	\$880.00						

Case No.	14-70190	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED		DISPUIED	AMOUNT OF CLAIM
ACCT#: xx0523 BK OF NY 440 MAMARONECK AVENUE HARRISON AVE HARRISON, NY 10528		С	DATE INCURRED: 1/18/05-1/18-07 CONSIDERATION: Credit Card or Line of Credit REMARKS:					\$0.00
ACCT#: xxxxxxxxx8755 CAPITAL ONE, NA PO BOX 30273 SALT LAKE CITY, UT 84130	_	С	DATE INCURRED: 4/22/94-12/24/13 CONSIDERATION: Credit Card or Line of Credit REMARKS:					\$2,009.00
ACCT#: XXXXXXXXXXXXX3143 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 6/6/08-9/15/10 CONSIDERATION: Credit Card REMARKS:					\$14,625.00
ACCT#: XXXXXXXXXXXX2573 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 3/27/02-12/01/10 CONSIDERATION: Credit Card REMARKS:					\$3,398.00
ACCT#: XXXXXXXXXXXXXXX3051 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 3/9/05-12/1/10 CONSIDERATION: Credit Card REMARKS:					\$2,504.00
ACCT #: XXXXXXXXXXXXXXX0103 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 1/18/05-7/1/11 CONSIDERATION: Credit Card REMARKS:					\$626.00
Sheet no. <u>1</u> of <u>5</u> continuation she Schedule of Creditors Holding Unsecured Nonpriority C	laim	s	ned to S (Use only on last page of the completed Soort also on Summary of Schedules and, if applicate Statistical Summary of Certain Liabilities and Rela	hedi le, o	ota ule n ti	ıl > F. he)	\$23,162.00

Case No.	14-70190	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	חבווסטוט	DISTO LEGIS	AMOUNT OF CLAIM
ACCT#: XXXXXXXXXXXX3940 CHASE PO BOX 15298 WILMINGTON, DE 19850		C	DATE INCURRED: 2/10/97 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXX9834 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 11/27/08-5/29/11 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXX2491 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 7/29/06-9/30/10 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXXX4243 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 3/28/08 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXXXX0820 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 2/11/03-1/1/05 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXXXXX3850 CHASE PO BOX 15298 WILMINGTON, DE 19850		С	DATE INCURRED: 10/5/00 CONSIDERATION: Credit Card REMARKS:				THE PROPERTY OF THE PROPERTY O	\$0.00
Sheet no. 2 of 5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)								\$0.00

Case No.	14-70190	
	(if know	wn)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	THEOLIGIAN	INIIOIIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: XXXXXXXXXXXXXXX4061 CITI PO BOX 6497 SIOUX FALLS, SD 57117		С	DATE INCURRED: 6/13/01 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: CITI PO BOX 6497 SIOUX FALLS, SD 57117		С	DATE INCURRED: 10/1/94-9/4/06 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXX3620 CITI CREDIT BUREAU DISP PO BOX 6497 SIOUX FALLS, SD 57117		С	DATE INCURRED: 5/2/02-4/4/07 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXXX4043 CITI CREDIT BUREAU DISP PO BOX 6497 SIOUX FALLS, SD 57117		С	DATE INCURRED: 7/1/93-9/30/04 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXX2002 DISCOVER FINANCIAL SERVICES PO BOX 15316 WILMINGTON, DE 19850		С	DATE INCURRED: 2/6/87-8/18/11 CONSIDERATION: Credit Card REMARKS:				\$12,473.00
ACCT#: XXXXXXXXXXXXXXXXXXXXXX6026 DISCOVER FINANCIAL SERVICES PO BOX 15316 WILMINGTON, DE 19850		С	DATE INCURRED: 10/11/99-9/26/00 CONSIDERATION: Credit Card REMARKS:				\$0.00
Sheet no. <u>3</u> of <u>5</u> continuation s Schedule of Creditors Holding Unsecured Nonpriority	/ Claim	s	ned to (Use only on last page of the complete ort also on Summary of Schedules and, if app Statistical Summary of Certain Liabilities and	ed Sched licable,	Tota lule on t	II > F.) he	\$12,473.00

Case No.	14-70190	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: XXXXXX1740 FORD MOTOR CREDIT PO BOX 542000 OMAHA, NE 68154		С	DATE INCURRED: 7/29/99-8/12/04 CONSIDERATION: AUTOMOBILE LOAN REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXXXX8646 GECRB/JCP 4125 WINDWARD PLAZA ALPHARETTA, GA 30005		С	DATE INCURRED: 10/1/79 CONSIDERATION: CHARGE ACCOUNT REMARKS:				\$0.00
ACCT #: NONE MICHAEL J. LANG, ESQ. 686 BROADWAY MASSAPEQUA, NY 11758		С	DATE INCURRED: 6/13 CONSIDERATION: LEGAL SERVICES REMARKS:				\$1,125.00
ACCT #: XXXXXXXXXXXXX0687 SEARS/CBNA PO BOX 6282 SIOUX FALLS, SD 57117		C	DATE INCURRED: 3/1/75-9/3/06 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXXXXX5725 SEARS/CBNA PO BOX 6282 SIOUX FALLS, SD 57117		С	DATE INCURRED: 11/1/96-9/14/11 CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT#: XXXXXXXXX5725 SEARS/CBNA PO BOX 6282 SIOUX FALLS, SD 57117		C	DATE INCURRED: 11/1/96-9/1/11 CONSIDERATION: Credit Card REMARKS:				\$0.00
Sheet no. 4 of 5 continuation she Schedule of Creditors Holding Unsecured Nonpriority C	laim	s	ned to Si (Use only on last page of the completed Sc ort also on Summary of Schedules and, if applicab Statistical Summary of Certain Liabilities and Rela	hedı le, o	ota ule n ti	l > F.) ne	\$1,125.00

B6F (Official Form 6F) (12/07) - Cont. In re James J. Bordonaro

Case No.	14-70190	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	THEOTHER	CONTROEM	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: XXXXXXXXXXXXXXXXII2 SPRINGLEAF FINANCIAL 600 N. ROYAL AVE BLOOMINGTON, IL 61791		С	DATE INCURRED: 10/6/05-10/24/06 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXX8800 STATE FARM FINANCIAL 3 STATE FARM PLAZA-N4 BLOOMINGTON, IL 61791		С	DATE INCURRED: 3/25/02-7/1/07 CONSIDERATION: Credit Card REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		С	DATE INCURRED: 7/15/03-2/16/07 CONSIDERATION: CHARGE ACCOUNT REMARKS:					\$0.00
ACCT#: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		С	DATE INCURRED: 5/2002 CONSIDERATION: UTILITY REMARKS:					\$279.00
Sheet no. <u>5</u> of <u>5</u> continuation she Schedule of Creditors Holding Unsecured Nonpriority C	laim	5	ned to (Use only on last page of the completed ort also on Summary of Schedules and, if applic Statistical Summary of Certain Liabilities and Re	Sched able, d	To lul	tal e F	> :.) e	\$279.00 \$37,919.00

Fill in this inform	nation to identif	y your case:					
Debtor 1	James	J.	Bordona	iro			
	First Name	Middle Name	Last Name			Che	ck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
United States Bank	ruptcy Court for the:	EASTERN D	ISTRICT OF NE	W YC	ORK		A supplement showing post-petition
Case number (if known)	14-70190						chapter 13 income as of the following date
							MM / DD / YYYY
Official Form B							
Schedule I: Yo	ur Income						12/1
Part 1: Descr	number (if known). ibe Employment	Answer every o		nis fo	rm. On the to	p of	any additional pages, write
 Fill in your emploinformation. 	pyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more t job, attach a sepa	rate page Emplo	yment status	☐ Employed	_		•	☐ Employed
with information at additional employe	ers.		✓ Not employ	ed			✓ Not employed
	Occup	ation	<u> </u>				
Include part-time, or self-employed v		yer's name					
Occupation may in student or homem applies.		yer's address	Number Street				Number Street
			0.4		Otala 7/a Ca	_1_	Ch. Zin Onda
	How to		City		State Zip Co	це	City State Zip Code
	now ic	ing employed tl	iere r				
Part 2: Give D	etails About Mo	nthly Incom	е				
•	•	ou file this forn	n. If you have noth	ing to	report for any	/ line,	, write \$0 in the space. Include your
	spouse have more t		er, combine the infe	ormat	ion for all emp	loyer	rs for that person on the lines below. If
ou need more space, a	attach a separate she	eet to this form.					
					For Debtor 1	l	For Debtor 2 or non-filing spouse
	s wages, salary, an). If not paid monthly			2.	\$1,760	.24_	\$0.00
. Estimate and list	monthly overtime p	ay.		3. •	+\$0	.00	\$0.00
Colouinto avoca is	acoma Addino 2 J	lina 2		4	61 760	24	\$0.00

Official Form B 6l Schedule I: Your Income page 1

Del	otor 1	James	J.	Bordonaro		Case r	number (if kno	wn) <u>14</u>	I-70190	0
		First Name	Middle Name	Last Name						
						For Debtor 1	For Debt	tor 2 or g spous	<u>e</u>	
_		-	-44	······ →	4.	\$1,760.24		\$0.00		
5.		all payroll de		uotione	E۵	\$0.00		\$0.00		
		-	re, and Social Security ded		5a. 5b.	\$0.00		\$0.00		
		-	contributions for retirement ontributions for retirement	-	5c.	\$0.00		\$0.00		
			payments of retirement fun		5d.	\$0.00		\$0.00		
	5u. 5e.		payments of remement fun	u ivalis	5e.	\$0.00		\$0.00		
	5 0 .		upport obligations		5f.	\$0.00	•	\$0.00		
	5g.	Union dues	Thhore opingations		5g.	\$0.00		\$0.00		
	-	Other deduc	ctions.		•					
		Specify:			5h.+	- \$0.00		\$0.00		
6.		l the payroll d · 5h.	deductions. Add lines 5a +	· 5b + 5c + 5d + 5e + 5f +	6.	\$0.00		\$0.00		
7.			, , ,	Subtract line 6 from line 4.	7.	\$1,760.24		\$0.00		
8.			ome regularly received:		_					
	8a.		from rental property and fro rofession, or farm	om operating a	8a.	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$0.00		
		gross receipt	ement for each property and is, ordinary and necessary bu thly net income.	-						
	8b.	Interest and	dividends		8b.	\$0.00		\$0.00		
	8c.		ort payments that you, a no egularly receive	on-filing spouse, or a	8c.	\$0.00	***************************************	\$0.00		
			ony, spousal support, child su ement, and property settleme							
	8d.	Unemployme	ent compensation		8d.	\$0.00		\$0.00		
	8e.	Social Secur	rity		8e.	\$0.00		\$0.00		
	8f.	Include cash	nment assistance that you a assistance and the value (if nce that you receive, such as	known) or any non-						
		(benefits under or housing su	er the Supplemental Nutrition absidies.	Assistance Program)				*		
		Specify: Fo	od stamps		8f.	\$925.00		\$0.00		
	8g.	Pension or re	etirement income		8g.	\$0.00		\$0.00		
	8h.	Other month Specify:	lly income.		8h. 4	\$0.00		\$0.00		
9.	Add	all other inco	ome. Add lines 8a + 8b + 8c	+ 8d + 8e + 8f + 8g + 8h.	9.	\$925.00		\$0.00		
40	0-1-			•	40	40.005.04		***]]	********
10.			y income. Add line 7 + line line 10 for Debtor 1 and Debt		10.	\$2,685.24	+	\$0.00	_	\$2,685.24
11.	Inclu		gular contributions to the ear ons from an unmarried partne s.				our roommate	ıs, and ot	ther	
	Do n	ot include any	amounts already included ir	lines 2-10 or amounts tha	t are n	ot available to pa	y expenses lis	sted in Sc	chedule	J.
	Spec	sify:						11.	+	\$0.00
12.	Add	the amount in	n the last column of line 10	to the amount in line 11	The r	esult is the combi	ned monthly	12.		\$2,685.24
• ~ • •	incor	ne. Write that	t amount on the Summary of					12.	Co	mbined
	Kela	ted Data, if it a	applies.							nthly income
13.	Do y	ou expect an	increase or decrease with	n the year after you file t	nis for	m?				
	-	No.	Debtor received rental							
	V	Yes. Explain:	Accordingly, rental inc							sented in
			Tachedale i da distribu be	oikii boodaase aebi	J. 100	20.100 V 1,700 I	or ouridary-	, .p ~0	. •	

Official Form B 6I Schedule I: Your Income page 2

G	ill in this inforn	nation to iden	tify you	ır case:			Che	ck if this	, ic	
	Debtor 1	James	J.		Bordo	onaro			ended filing	
		First Name	Mid	die Name	Last Na	me			lement showing r 13 expenses as	
	Debtor 2 (Spouse, if filing)	First Name	Mid	dle Name	Last Na	me			ng date:	
	United States Banki	ruptev Court for th	ne: EAS	TERN DISTR	ICT OF N	IEW YORK		MM / D	D / YYYY	
	Case number (if known)	14-70190						A sepa	rate filing for Del	btor 2 because eparate household
										
_	ficial Form B	·········								
Sc	hedule J: Yo	our Expens	es							12/13
cor		f more space is	needed, a	ittach another		ing together, both a his form. On the top				
Ρ	art 1: Descri	ibe Your Hous	sehold							
1.	ls this a joint cas	e?								
	No	Debtor 2 live in a	•		J.					
2.	Do you have dep	endents? ⊽	1 No							
	Do not list Debtor Debtor 2.		Yes. F	Fill out this infor th dependent		Dependent's relati Debtor 1 or Debtor		p to	Dependent's age	Does dependent live with you?
	Do not state the dependents' name	es.								Yes No Yes No Yes No Yes Yes
3.	Do your expense	s include	☑	No						No Yes No Yes Yes
	expenses of peop yourself and you			Yes						
P	art 2: Estima	ate Your Ongo	oing Mo	nthly Exper	nses					
to r		of a date after th	ne bankru			re using this form a supplemental Sche				
	ude expenses paid h assistance and h					know the value of cial Form B 6I.)			Your expens	es
4.	The rental or hom Include first mortga							•	4.	
	If not included in		•	-						
	4a. Real estate ta	axes							4a	
	4b. Property, hom	neowner's, or rent	er's insura	ance					4b	\$114.62
		nance, repair, an							4c.	\$100.00
		occopiation or or		•						7.22.20

Case number (if known) 14-70190

Bordonaro

	First Name Middle Name Last Name		
		Your exper	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$409.00
	6b. Water, sewer, garbage collection	6b.	\$14.65
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$330.95
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7.	\$925.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11.	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$800.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u> </u>	
14.	Charitable contributions and religious donations	14	\$20.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$213.58
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

Debtor 1 James

Debt	or 1	James	J.	Bordonaro	Case number (if known)	14-70190
		First Name	Middle Name	Last Name		
21.	Othe	r. Specify:			21. +	
			penses. Add lines 4 through monthly expenses.	21.	22.	\$2,927.80
23.	Calc	ulate your m	onthly net income.			
	23a.	Copy line 1	2 (your combined monthly inc	ome) from Schedule I.	23a	\$2,685.24
	23b.	Copy your	monthly expenses from line 22	above.	23b	\$2,927.80
	23c.		our monthly expenses from you is your monthly net income.	r monthly income.	23c	(\$242.56)
24.	Do y	ou expect ar	n increase or decrease in yo	ur expenses within the year a	fter you file this form?	
				your car loan within the year or nodification to the terms of you		
		No. Yes. Explair None.				

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re James J. Bordonaro

Case No.

14-70190

Chapter

r **7**

AMENDED 10/24/2014 SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$329,000.00		
B - Personal Property	No	0			
C - Property Claimed as Exempt	No	1			
D - Creditors Holding Secured Claims	Yes	1		\$368,791.33	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	No	0			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		\$37,919.00	
G - Executory Contracts and Unexpired Leases	No	0			
H - Codebtors	No	0			
I - Current Income of Individual Debtor(s)	Yes	2			\$2,685.24
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$2,927.80
	TOTAL	14	\$329,000.00	\$406,710.33	

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK **CENTRAL ISLIP DIVISION**

In re James J. Bordonaro

Case No.

14-70190

Chapter

7

AMENDED 10/24/2014

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$2,685.24
Average Expenses (from Schedule J, Line 22)	\$2,927.80
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$3,385.24

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$53,616.19
Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	
Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	
Total from Schedule F	\$37,919.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$91,535.19

B6 Declaration (Official Form 6 - Declaration) (12/07) In re James J. Bordonaro

Case No.	14-70190
	(if known)

AMENDED 10/24/2014 DECLARATION CONCERNING DEBTOR'S SCHEDULES DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

, , , , ,	nave read the foregoing summary and schedules, consisting of	
Date 10/24/2014	Signature /s/ James J. Bordonaro	
	James J. Bordonaro/	
Date	Signature //30Ua	
	[If joint case both spouses must sign]	

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

in re: James J. Bordonaro

Case No. 14-70190

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

	1. Income from emple	oyment or operation of business
None	including part-time activities case was commenced. Sta maintains, or has maintaine beginning and ending dates	ncome the debtor has received from employment, trade, or profession, or from operation of the debtor's business, is either as an employee or in independent trade or business, from the beginning of this calendar year to the date this ste also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that ed, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the sof the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing in 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a
	AMOUNT	SOURCE
	\$7,696.00	2014 YTD- Debtor Income as of filing date.
	\$8,202.00	2013 Debtor Income-
	2. Income other than	from employment or operation of business
None	TWO YEARS immediately properties are separately. (Married debtor	received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse is filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, arated and a joint petition is not filed.)
	AMOUNT	SOURCE
	\$9,800.00	Income from rental property located at 1707 North Gardiner Drive, Bay Shore, NY 11706
	\$22,200.00	Income from Department of Social Services- Food stamps.

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re: James J. Bordonaro

Case No. 14-70190

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

4. Suits and administrative	proceedings,	executions, o	garnisl	hments	s and	ati	tacl	ımeni	S
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a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filling of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND

CASE NUMBER

Fido's Fences, Inc. v. Adanced

Graphics Design and

Engineering and James

Bordonaro

Index No. 022696/2009

NATURE OF PROCEEDING

Breach of

contract/collection

COURT OR AGENCY

AND LOCATION

Supreme Court, Suffolk

County

STATUS OR DISPOSITION

Matter originally settled. Defendant failed to pay under

terms thereof and iudament entered. Judament for

\$146,985.55.

Bank of New York v. James Bordonaro Index No. 039422/2011 Foreclosure

Supreme Court- Suffolk Pending

County

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE

BENEFIT PROPERTY WAS SEIZED

FIDO'S FENCES, INC. C/O JENNIFER L. CODEN 600 OLD COUNTRY ROAD

SUITE 505

GARDEN CITY, NEW YORK 11530

DATE OF SEIZURE

3/8/13

DESCRIPTION AND VALUE

OF PROPERTY

One Family House-Debtor's primary

residence

Value: \$164.000.00

5. Repossessions, foreclosures and returns

None \checkmark

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

 \checkmark

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \mathbf{Z}

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None $\overline{\mathbf{Z}}$

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re: James J. Bordonaro

Case No.	14-70190

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

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List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

✓

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None

 \mathbf{V}

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION Capital One 1701 Sunrise Highway Bay Shore, New York 11706 TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER, AMOUNT AND DATE OF
AND AMOUNT OF FINAL BALANCE SALE OR CLOSING
Small Business Checking and March 2013
Savings
\$200 checking-\$50 savings

HSBC 430 E. Main Street Bay Shore, New York 11706 Checking \$16 March 2013

12. Safe deposit boxes

None

✓

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Doc 47-2 Filed 10/28/14 Entered 10/28/14 13:14:38 Case 8-14-70190-reg

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK **CENTRAL ISLIP DIVISION**

In re: James J. Bordonaro

14-70190 Case No.

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

_		
	14. Property held for another person	

None \checkmark

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None

If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None $\overline{\mathbf{A}}$

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re: James J. Bordonaro

Case No. 14-70190

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

18. N	vature.	location	and	name	of	business
-------	---------	----------	-----	------	----	----------

Nor

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

NAME, ADDRESS, AND LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

TAXPATER-I.D. NO. (TIN) / COMPLETE EIN

Engineer- development for

Advance Graphics Design and Development Corp 1314 Fifth Avenue Bay Shore, New York 11706

46-2736989

products

Opened March 2013presently operating

Advance Graphic design and Engineering 1707 North Gardiner Avenue Bay Shore, NY 11706 xxx-xx-5198

Engineer- product development self-employed sole proprietor

still open

None ✓

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

14011

a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None

b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re: James J. Bordonaro

Case No. 14-70190

(if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 5

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case. 20. Inventories None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the \square dollar amount and basis of each inventory. None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above. ∇ 21. Current Partners, Officers, Directors and Shareholders None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. ablaNone b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation. 22. Former partners, officers, directors and shareholders None a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the \mathbf{V} commencement of this case.

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None

✓

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None

✓

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CENTRAL ISLIP DIVISION

In re: James J. Bordonaro

Case No. 14-70190 (if known)

AMENDED 10/24/2014 STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 6

[If completed by an individual or individual and spouse] I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct. Date 10/24/2014 Signature IsLJames J. Bordonaro		
attachments thereto and that they are true and correct. Date 10/24/2014 Signature Isl James J. Bordonaro	[If completed by an individual or individual and spouse	e]
Date	· · · · · · · · · · · · · · · · · · ·	
of Debtor James p. Borgionard	Date 10/24/2014	Signature /sL James J. Bordonaro of Debtor / James J. Bordonaro
Date Signature of Joint Debtor (if any)	Date	of Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B22A (Official Form 22A) (Chapter 7) (04/13)

In re: James J. Bordonaro

Case Number: 14-70190

According to the information required to be entered on this statement
(check one box as directed in Part I, III, or VI of this statement):
☐ The presumption arises.
☑ The presumption does not arise.
The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION AMENDED 10/24/2014

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans . If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/
	I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b.

	(011010111011101101101101101101101101101				
	Part II. CALCULATION OF MON	THLY INCOME I	FOR § 707(b)(7)	EXCLUSION	
2	Marital/filing status. Check the box that applies and a. ☐ Unmarried. Complete only Column A ("Det b. ☐ Married, not filing jointly, with declaration of sepenalty of perjury: "My spouse and I are legally are living apart other than for the purpose of e Complete only Column A ("Debtor's Income c. ☑ Married, not filing jointly, without the declaration Complete both Column A ("Debtor's Income d. ☐ Married, filing jointly. Complete both Column Lines 3-11. All figures must reflect average monthly income received.	btor's Income") for parate households. y separated under a vading the requireme") for Lines 3-11. n of separate housee") and Column B (n A ("Debtor's Inco	Lines 3-11. By checking this bo pplicable non-bankments of § 707(b)(2)(a holds set out in Line "Spouse's Income ome") and Column	x, debtor declares of uptcy law or my spoods of the Bankrupton 2.b above. The control of the bankrupton of the Bankrupt	under ouse and I by Code." ome") for
	during the six calendar months prior to filing the bankr of the month before the filing. If the amount of monthl months, you must divide the six-month total by six, an	on the last daying the six	Column A Debtor's Income	Column B Spouse's Income	
	appropriate line.			moome	moone
3	Gross wages, salary, tips, bonuses, overtime, con			\$0.00	\$0.00
4	Income from the operation of a business, professi Line a and enter the difference in the appropriate colu more than one business, profession or farm, enter agg details on an attachment. Do not enter a number less of the business expenses entered on Line b as a d a. Gross receipts b. Ordinary and necessary business expenses c. Business income	mn(s) of Line 4. If y gregate numbers an than zero. Do no	ou operate d provide t include any part \$0.00	\$1,760.24	\$0.00
5	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do Do not include any part of the operating expenses Part V.	not enter a number i	ess than zero.		
J	a. Gross receipts	\$700.00	\$0.00		
	b. Ordinary and necessary operating expenses	\$0.00	\$0.00		
	c. Rent and other real property income	Subtract Line b fro	om Line a	\$700.00	\$0.00
6	Interest, dividends, and royalties.			\$0.00	\$0.00
7	Pension and retirement income.	a namilan basis for	the house held	\$0.00	\$0.00
8	Any amounts paid by another person or entity, on expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate ma paid by your spouse if Column B is completed. Each in only one column; if a payment is listed in Column A, Column B.	s, including child so intenance payments regular payment sho	upport paid for s or amounts ould be reported	\$0.00	\$0.00
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compens spouse was a benefit under the Social Security Act, do compensation in Column A or B, but instead state the	ation received by your not list the amount	ou or your of such		
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$0.00	\$0.00	\$0.00
				I	

	(Official Form 22A) (Chapter 7) (04/13)						
10	Income from all other sources. Specify source and amount. If necessarily sources on a separate page. Do not include alimony or separate payments paid by your spouse if Column B is completed, but incompayments of alimony or separate maintenance. Do not include an under the Social Security Act or payments received as a victim of a wagainst humanity, or as a victim of international or domestic terrorism						
	a. Food Stamps	\$925.00					
	b.						
	Total and enter on Line 10		\$925.00	\$0.00			
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). \$3,385.24						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.						
	Part III. APPLICATION OF § 707	(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.						
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoi.gov/ust/ or from the clerk of the bankruptcy						
	a. Enter debtor's state of residence: New York b. Enter debtor's household size: 8 \$116,014.00						
	Application of Section 707(b)(7). Check the applicable box and pro-	oceed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.						
	The amount on Line 13 is more than the amount on Line 14.			ment.			
	Complete Parts IV, V, VI, and VII of this stateme						
	Part IV. CALCULATION OF CURRENT MON	THLY INCOME FO	R § 707(b)(2)				
16	Enter the amount from Line 12. Marital adjustment. If you checked the box at Line 2.c, enter on Line	e 17 the total of any inc	ome listed in				
17	Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a.						
	b.						
	С.						
	Total and enter on Line 17.	•					
18	8 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.						
Part V. CALCULATION OF DEDUCTIONS FROM INCOME							
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of age Persons 65 years of age or older					
	a1. Allowance per person	a2	. Allowance pe	er person		
	b1. Number of persons	b2	. Number of pe	ersons		
	c1. Subtotal	c2	. Subtotal	······		
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 C. Net mortgage/rental expense Subtract Line b from Line a.					
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and					
22A						
	are included as a contribution to your household expenses in Line 8. 10 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					

22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as				
	c. Net ownership/lease expense for Vehicle 1 Subtra	t Line b from Line a.			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42				
		t Line b from Line a.			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.				
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.				

	/				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.				
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34 IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.				
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.				

^{*} Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Subpart C: Deductions for Debt Payment						
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	а. b.				☐ yes ☐ no ☐ yes ☐ no		
	C.			Tatali Add	☐ yes ☐ no		
				Total: Add Lines a, b and	с.		
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
.0		Name of Creditor	Property Securing the Del	ot 1/60th o	of the Cure Amount		
	a. b.						
	C.						
	Davi	nonte on proposition princity alaim	Enter the total amount divi		dd Lines a, b and c		
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.						
		pter 13 administrative expenses. I wing chart, multiply the amount in line ense.	•				
	a. Projected average monthly chapter 13 plan payment.						
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			%			
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b						
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.						
, , 1	Subpart D: Total Deductions from Income						
4/	47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.						
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48		Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))						
50		Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						

B22A	22A (Official Form 22A) (Chapter 7) (04/13)							
	Initial presumption determination. Check the applicable box and proceed as directed.							
	The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
52	umption arises" at t VII. Do not comple	te the						
		The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter	the amount of your total non-priority unsecured debt						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.							
	Seco	ndary presumption determination. Check the applicable box and proceed as directed	ed.					
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.							
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII: ADDITIONAL EXPENSE CLAIMS							
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the and welfare of you and your family and that you contend should be an additional deduction from your current monthly under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your available expense for each item. Total the expenses.								
56		Expense Description	Monthly A	mount				
	a.							
ļ	b.							
	c.							
		Total: Add Lines a, b, and c						
		Part VIII: VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)							
57	Date: 10/24/2014 Signature: /s/_lames J. Bordonaro James)J. Bordonaro							
	Date: Signature (Joint Debtor, if any)							

^{*} Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.